

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ▼

1445 Ross Avenue

Suite 1400

☐ Check if different than previously reported. (ACC)

Dallas

TX

75202-2703

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00119354

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☒ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Todd Plott

Signature of Treasurer

Mr. Todd Plott

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
04 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y  
04 / 30 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2016</span>		<span style="border: 1px solid black; padding: 2px;">98102.48</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">91496.62</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">17030.37</span>	<span style="border: 1px solid black; padding: 2px;">53924.51</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">108526.99</span>	<span style="border: 1px solid black; padding: 2px;">152026.99</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">14627.87</span>	<span style="border: 1px solid black; padding: 2px;">58127.87</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">93899.12</span>	<span style="border: 1px solid black; padding: 2px;">93899.12</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	10142.82	23336.30
(ii) Unitemized .....	6887.55	30588.21
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	17030.37	53924.51
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	17030.37	53924.51
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	17030.37	53924.51
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	17030.37	53924.51

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	1200.87	1200.87
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1200.87	1200.87
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	14500.00	53000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	-323.00	-323.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	-323.00	-323.00
29. Other Disbursements .....	-750.00	4250.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	14627.87	58127.87
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14627.87	58127.87

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	17030.37	53924.51
34. Total Contribution Refunds (from Line 28(d)) .....	-323.00	-323.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	17353.37	54247.51
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	1200.87	1200.87
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	1200.87	1200.87

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 30

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. JAMES BRASHEAR**

Mailing Address 3560 DALLAS PARKWAY

City

FRISCO

State

TX

Zip Code

75034

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tenet Patient Financial Services

Occupation

SVP, General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

04 / 30 / 2016

**Transaction ID : A0B9635DFA4C44144A0A**

Amount of Each Receipt this Period

288.00

☐ Memo Item

Payroll Deduction: \$96.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

**B. PAMELA DAVIS**

Mailing Address 5760 DANIEL RD

City

PLANO

State

TX

Zip Code

75024-5914

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tenet Patient Financial Services

Occupation

Sr Director, AR Management Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

864.00

Date of Receipt

04 / 30 / 2016

**Transaction ID : AD3F15B2D273D48C0B27**

Amount of Each Receipt this Period

288.00

☐ Memo Item

Payroll Deduction: \$96.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

**C. MARY CLEARY**

Mailing Address 940 BONNIE BRAE PLACE

City

RIVER FOREST

State

IL

Zip Code

60305-1512

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MacNeal Hospital

Occupation

CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

04 / 30 / 2016

**Transaction ID : AFCE87C5CC22D4375918**

Amount of Each Receipt this Period

117.00

☐ Memo Item

Payroll Deduction: \$39.00/Bi-Weekly

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

693.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. STEPHEN M MOONEY

Mailing Address 11549 CROMWELL CIRCLE

City State Zip Code  
DALLAS TX 75229-7503

FEC ID number of contributing federal political committee.

C

Name of Employer  
Tenet Patient Financial Services

Occupation  
PRESIDENT, CONIFER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 30 2016

Transaction ID : A321F2CFDCD59482C9FF

Amount of Each Receipt this Period

117.00

☐ Memo Item

Payroll Deduction: \$39.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

B. TERESA L HUSKEY

Mailing Address 4333 PERSHING AVE

City State Zip Code  
FORT WORTH TX 76107-4243

FEC ID number of contributing federal political committee.

C

Name of Employer  
Tenet Patient Financial Services

Occupation  
Sr Director, Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

864.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 30 2016

Transaction ID : A3ADD108FDED749EEA28

Amount of Each Receipt this Period

288.00

☐ Memo Item

Payroll Deduction: \$96.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

C. DANIEL M KARNUTA

Mailing Address 981 PATRICIAN COURT

City State Zip Code  
FARVIEW TX 75069-8781

FEC ID number of contributing federal political committee.

C

Name of Employer  
Tenet Patient Financial Services

Occupation  
SVP, CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 30 2016

Transaction ID : A9BFF1BBEEEB44BE1935

Amount of Each Receipt this Period

105.00

☐ Memo Item

Payroll Deduction: \$35.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

510.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A. MARK MONTONEY**

Mailing Address 5541 HAWKS LANDING DRIVE

City State Zip Code  
 ARRINGTON TN 37014-7499

FEC ID number of contributing federal political committee.

C

Name of Employer

Tenet Healthcare

Occupation

CHIEF MEDICAL OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

864.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2016

Transaction ID : A87FF8BEBCCD34776A31

Amount of Each Receipt this Period

288.00

☐ Memo Item

Payroll Deduction: \$96.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

**B. COREY L DAVISON**

Mailing Address 1224 BLAIRWOOD DR

City State Zip Code  
 FLOWER MOUND TX 75028-3617

FEC ID number of contributing federal political committee.

C

Name of Employer

Tenet Healthcare

Occupation

VP, GOVERNMENT RELATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 16 / 2016

Transaction ID : A31FEC20117544A3491C

Amount of Each Receipt this Period

78.00

☐ Memo Item

Payroll Deduction: \$39.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

**C. JEREMY CLARK**Mailing Address 111 S. PORT ROYAL DRIVE  
Apt 19

City State Zip Code  
 HILTON HEAD SC 29928-2839

FEC ID number of contributing federal political committee.

C

Name of Employer

HILTON HEAD HOSPITAL

Occupation

MARKET CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2016

Transaction ID : AC9E47A2C9C9B4373A17

Amount of Each Receipt this Period

120.00

☐ Memo Item

Payroll Deduction: \$40.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►

486.00

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 OF 30

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. MICHELE M FINNEY**

Mailing Address 10010 W. VILLA LINDO DR.

City  
PEORIA

State  
AZ

Zip Code  
85383-3486

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TENET PRACTICE RESOURCES

Occupation

CEO, Market/Sys

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

04 / 30 / 2016

**Transaction ID : AB27F2233817745F99AD**

Amount of Each Receipt this Period

114.00

☐ Memo Item

Payroll Deduction: \$38.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

**B. DOUGLAS BREWER**

Mailing Address 641 NORTH AVE N.E. #1407

City  
ATLANTA

State  
GA

Zip Code  
30308-9582

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BROOKWOOD MEDICAL CENTER

Occupation

ASSOCIATE ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

04 / 30 / 2016

**Transaction ID : A85D148824EF54AD88B4**

Amount of Each Receipt this Period

117.00

☐ Memo Item

Payroll Deduction: \$39.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

**C. TIMOTHY PUTHOFF**

Mailing Address 3910 BODEN LANE  
Suite 1400

City  
SPRING

State  
TX

Zip Code  
77386-2703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOUSTON NORTHWEST MEDICAL

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

04 / 30 / 2016

**Transaction ID : A34B3C1549D4F4AF29B8**

Amount of Each Receipt this Period

117.00

☐ Memo Item

Payroll Deduction: \$39.00/Bi-Weekly

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

348.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
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 Detailed Summary Page

 FOR LINE NUMBER:  
 (check only one)

PAGE 10 OF 30

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A. DAVID L ARCHER**

Mailing Address 2594 HOCKSETT COVE

City

GERMANTOWN

State

TN

Zip Code

38139-6655

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Francis Hospital

Occupation

MARKET CEO

Receipt For:

☐  
☐

Primary

☐ General

Other (specify) ▼

Aggregate Year-to-Date ▼

864.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2016

Transaction ID : AFC1E19D053B14AED910

Amount of Each Receipt this Period

288.00

☐ Memo Item

Payroll Deduction: \$96.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

**B. TERRY WHEELER**

Mailing Address 13802 MAGNOLIA MANOR

City

CYPRESS

State

TX

Zip Code

77429-8162

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cypress Fairbanks Med Center

Occupation

CEO

Receipt For:

☐  
☐

Primary

☐ General

Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2016

Transaction ID : A67D1C7B1C7B84714B35

Amount of Each Receipt this Period

105.00

☐ Memo Item

Payroll Deduction: \$35.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

**C. MARK ROBERTS**

Mailing Address 13047 W ESTERO LN

City

LITCHFIELD PAR

State

AZ

Zip Code

85340-5576

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tenet Healthcare

Occupation

SR SPEC, INPAT/CASE MGMT

Receipt For:

☐  
☐

Primary

☐ General

Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2016

Transaction ID : A01575EDCCFF147FEAB5

Amount of Each Receipt this Period

117.00

☐ Memo Item

Payroll Deduction: \$39.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►

510.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. JEFFREY KOURY

Mailing Address 712 1/2 NARCISSUS AVE

City State Zip Code  
 CORONA DEL MAR CA 92625-4210

FEC ID number of contributing federal political committee.

C

Name of Employer

Tenet Healthcare

Occupation

CEO, Region

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 30 2016

Transaction ID : A45D1393ED6144807A92

Amount of Each Receipt this Period

114.00

☐ Memo Item

Payroll Deduction: \$38.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

B. KELVIN A BAGGETT

Mailing Address 6453 TULIP LANE

City State Zip Code  
 Dallas TX 75230-4148

FEC ID number of contributing federal political committee.

C

Name of Employer

Tenet Healthcare

Occupation

SVP, CLINICAL OPS &amp; CCO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 30 2016

Transaction ID : A1E61B810D5A249CF885

Amount of Each Receipt this Period

117.00

☐ Memo Item

Payroll Deduction: \$39.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

C. DANIEL WALDMANN

Mailing Address 1111 N. MONTCLAIR AVE

City State Zip Code  
 DALLAS TX 75208-3520

FEC ID number of contributing federal political committee.

C

Name of Employer

Tenet Healthcare

Occupation

SVP, Public Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

864.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 30 2016

Transaction ID : AAB296B08A03B444897A

Amount of Each Receipt this Period

288.00

☐ Memo Item

Payroll Deduction: \$96.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

519.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. KEITH PITTS**

Mailing Address 4441 S. VERSAILLES AVE

City State Zip Code  
 Dallas TX 75205-3012

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tenet Healthcare

Occupation

VICE CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1728.00

Date of Receipt

04 / 30 / 2016

**Transaction ID : AC754EACACD774C86A08**

Amount of Each Receipt this Period

576.00

☐ Memo Item

Payroll Deduction: \$192.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

## **B. TIM ADAMS**

Mailing Address 808 PYRENEES DRIVE

City State Zip Code  
 SOUTHLAKE TX 76092-2052

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tenet Healthcare

Occupation

SVP, Ops Integration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

864.00

Date of Receipt

04 / 30 / 2016

**Transaction ID : AAF6909FAADA44A9AB17**

Amount of Each Receipt this Period

288.00

☐ Memo Item

Payroll Deduction: \$96.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

## **C. RUBEN O RODRIGUEZ**

Mailing Address 6905 VILLA HERMOSA

City State Zip Code  
 EL PASO TX 79912-2341

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PROVIDENCE EAST CAMPUS

Occupation

Director, Plant Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

04 / 30 / 2016

**Transaction ID : A7C29478931044A1F86B**

Amount of Each Receipt this Period

117.00

☐ Memo Item

Payroll Deduction: \$39.00/Bi-Weekly

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

981.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. JOHN TURNER Jr.**

Mailing Address 708 LAND FALL DRIVE

City

Rock Hill

State

SC

Zip Code

29732-9437

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tenet Healthcare

Occupation

Sr Director, Practice Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 30 / 2016
**Transaction ID : A34C3EB9532EF4F56B98**

Amount of Each Receipt this Period

117.00

☐ Memo Item

Payroll Deduction: \$39.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

**B. GARY K RUFF**

Mailing Address 1724 BYRON NELSON PKWY

City

SOUTHLAKE

State

TX

Zip Code

76092-8868

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tenet Healthcare

Occupation

SVP, Physician Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

864.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 30 / 2016
**Transaction ID : AC10D03BF3DBD49A0B8A**

Amount of Each Receipt this Period

288.00

☐ Memo Item

Payroll Deduction: \$96.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

**C. DOUGLAS E RABE**

Mailing Address 7746 EAGLE TRAIL

City

DALLAS

State

TX

Zip Code

75238-4115

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tenet Healthcare

Occupation

VP, Tax

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 30 / 2016
**Transaction ID : A583F80E1695C4208976**

Amount of Each Receipt this Period

117.00

☐ Memo Item

Payroll Deduction: \$39.00/Bi-Weekly

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

522.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. RICKY JOHNSTON**

Mailing Address 401 N.CHURCH ST

City

MCKINNEY

State

TX

Zip Code

75069-3854

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tenet Healthcare

Occupation

VP, Ops And Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

04 / 30 / 2016

**Transaction ID : AA4215F09C8CA4904A97**

Amount of Each Receipt this Period

135.00

☐ Memo Item

Payroll Deduction: \$45.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

**B. HAROLD BANDY**

Mailing Address 9004 OLD SMYRNA ROAD

City

BRENTWOOD

State

TN

Zip Code

37027-6058

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tenet Healthcare

Occupation

Sr Director, IS Architecture

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

864.00

Date of Receipt

04 / 30 / 2016

**Transaction ID : A0BC38F5F3B1844D480E**

Amount of Each Receipt this Period

288.00

☐ Memo Item

Payroll Deduction: \$96.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

**C. JASON PINKALL**

Mailing Address 6526 ANITA ST

City

DALLAS

State

TX

Zip Code

75214-2706

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tenet Healthcare

Occupation

SENIOR COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

04 / 30 / 2016

**Transaction ID : AFF1B1ED762C143F6B7D**

Amount of Each Receipt this Period

117.00

☐ Memo Item

Payroll Deduction: \$39.00/Bi-Weekly

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

540.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

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 (check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A. KATHLEEN TREGAR**
 Mailing Address 3914 DEEP RIVER  
 #1400

 City State Zip Code  
 SAN ANTONIO TX 78253-2703

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Mission Trail Baptist Hospital

Occupation

CNO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 04 30 2016

Transaction ID : AB4AD8A1E0ECE49638AE

Amount of Each Receipt this Period

117.00

☐ Memo Item

Payroll Deduction: \$39.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

**B. FRANK MOLINARO**
 Mailing Address 6783 W GREENBRIAR DRIVE  
 Suite 1400

 City State Zip Code  
 GLENDALE AZ 85308-2703

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

ABRAZO ARROWHEAD CAMPUS

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 04 30 2016

Transaction ID : A52F892195C0A4756886

Amount of Each Receipt this Period

117.00

☐ Memo Item

Payroll Deduction: \$39.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

**C. ERIK WEXLER**

Mailing Address 110 STUART STREET

 City State Zip Code  
 Boston MA 02116-5665

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Tenet Healthcare

Occupation

CEO, REGION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 04 16 2016

Transaction ID : A35E562062E6B4AF4BBA

Amount of Each Receipt this Period

78.00

☐ Memo Item

Payroll Deduction: \$39.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

312.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. JASON E EVANS**

Mailing Address 3409 VILLANOVA STREET

City State Zip Code  
DALLAS TX 75225-6018

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tenet Healthcare

Occupation

CEO, Region

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

04 / 30 / 2016

**Transaction ID : AAC51C7EDEEE24991934**

Amount of Each Receipt this Period

117.00

☐ Memo Item

Payroll Deduction: \$39.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

**B. KENNETH F SUTHERLAND**

Mailing Address 1809 ST. PHILIP AVENUE

City State Zip Code  
SOUTHLAKE TX 76092-8492

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tenet Healthcare

Occupation

VP, Construction & Design

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

04 / 30 / 2016

**Transaction ID : A6EC81D0BEDC145F5BFC**

Amount of Each Receipt this Period

114.00

☐ Memo Item

Payroll Deduction: \$38.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

**C. AUDREY T ANDREWS**

Mailing Address 702 PENFOLDS

City State Zip Code  
COPPELL TX 75019-4544

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tenet Healthcare

Occupation

SVP, General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1728.00

Date of Receipt

04 / 30 / 2016

**Transaction ID : AE439F16864CF4DA8A01**

Amount of Each Receipt this Period

576.00

☐ Memo Item

Payroll Deduction: \$192.00/Bi-Weekly

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

807.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 17 OF 30  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. ELIZABETH JOHNSON**

Mailing Address 3302 MARSH LANE

City  
GRAPEVINEState  
TXZip Code  
76051-6828FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tenet Healthcare

Occupation

VP, APPLIED CLINICAL INF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2016

**Transaction ID : A1ECCD7BDD48B4636AA3**

Amount of Each Receipt this Period

114.00

☐ Memo Item

Payroll Deduction: \$38.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

**B. WESLEY CHICK**Mailing Address 6401 FITZGERALD DR.  
#1400City  
PLANOState  
TXZip Code  
75074-2703FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tenet Healthcare

Occupation

Sr Director, Managed Care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2016

**Transaction ID : A4AE3B513A3C44C9C924**

Amount of Each Receipt this Period

117.00

☐ Memo Item

Payroll Deduction: \$39.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

**C. RICHARD E GLANCEY**

Mailing Address 4418 SAINT ANDREWS BLVD

City  
IRVINGState  
TXZip Code  
75038-1709FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tenet Healthcare

Occupation

Director, Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2016

**Transaction ID : A2925A72EDDBD4965926**

Amount of Each Receipt this Period

117.00

☐ Memo Item

Payroll Deduction: \$39.00/Bi-Weekly

**SUBTOTAL** of Receipts This Page (optional)..... ►

348.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. WEBB COCHRAN**

Mailing Address 3961 ST. CLAIRE CT

City  
ATLANTAState  
GAZip Code  
30319FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tenet Healthcare

Occupation

Director, Government Relations

Receipt For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2016
**Transaction ID : ACCE918891D4B4127BCB**

Amount of Each Receipt this Period

117.00

☐ Memo Item

Payroll Deduction: \$39.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

**B. ALVIN W JOSEPHS**

Mailing Address 3717 HERWOL AVE

City  
WACOState  
TXZip Code  
76710-7218FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tenet Healthcare

Occupation

Sr Director, Policy &amp; Traning

Receipt For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2016
**Transaction ID : A7BBC544E76634492B2F**

Amount of Each Receipt this Period

117.00

☐ Memo Item

Payroll Deduction: \$39.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

**C. DAVID W BORDOFSKE**

Mailing Address 5001 ASHLAND BELLE LANE

City  
FRISCOState  
TXZip Code  
75035-7682FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tenet Healthcare

Occupation

VP, Patient Mgmt System

Receipt For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2016
**Transaction ID : A6D764A8485454CDFB6B**

Amount of Each Receipt this Period

120.00

☐ Memo Item

Payroll Deduction: \$40.00/Bi-Weekly

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

354.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. TREVOR FETTER**

Mailing Address 3806 BEVERLY DRIVE

City  
DALLAS

State  
TX

Zip Code  
75205-2807

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tenet Healthcare

Occupation

CEO & President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2997.00

Date of Receipt

04 / 30 / 2016

**Transaction ID : A5137DCD9947E4670A15**

Amount of Each Receipt this Period

999.00

☐ Memo Item

Payroll Deduction: \$333.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

## **B. CRAIG C ARMIN**

Mailing Address 23510 BERDON STREET

City

WOODLAND HILLS

State

CA

Zip Code

91367-3004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tenet Healthcare

Occupation

VP, GOVT PROGRAMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

04 / 30 / 2016

**Transaction ID : A9CDC2787CBCD4A1BA80**

Amount of Each Receipt this Period

120.00

☐ Memo Item

Payroll Deduction: \$40.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

## **C. MARK P LISA**

Mailing Address 179 NIBLICK ROAD #129

City

PASO ROBLES

State

CA

Zip Code

93446-2120

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TWIN CITIES COMMUNITY HOSPITAL

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

04 / 30 / 2016

**Transaction ID : A7CBBCF9B944243BDB79**

Amount of Each Receipt this Period

117.00

☐ Memo Item

Payroll Deduction: \$39.00/Bi-Weekly

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1236.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. JOHN A GRAH**

Mailing Address 7933 CORNELL AVE

City  
ST LOUISState  
MOZip Code  
63130-1842FEC ID number of contributing  
federal political committee.

C

Name of Employer

LAKEWOOD REGIONAL MEDICAL CENTER

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2016

**Transaction ID : A29F626ECFC8F4A239E0**

Amount of Each Receipt this Period

117.00

☐ Memo Item

Payroll Deduction: \$39.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

**B. LUANNE EWALD**

Mailing Address 232 MIDLAND BLVD

City  
ROYAL OAKState  
MIZip Code  
48073-2670FEC ID number of contributing  
federal political committee.

C

Name of Employer

DMC-Children's Hospital of Michigan

Occupation

DBD-ASSOC ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.23

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2016

**Transaction ID : A433F76C0783448D29F4**

Amount of Each Receipt this Period

115.41

☐ Memo Item

Payroll Deduction: \$38.47/Bi-Weekly

Full Name (Last, First, Middle Initial)

**C. PATRICK MALONEY**

Mailing Address 581 S ARLINGTON AVENUE

City  
ELMHURSTState  
ILZip Code  
60126-4040FEC ID number of contributing  
federal political committee.

C

Name of Employer

West Suburban Medical Center

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2016

**Transaction ID : A3010E163FA984F85BC4**

Amount of Each Receipt this Period

117.00

☐ Memo Item

Payroll Deduction: \$39.00/Bi-Weekly

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

349.41

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 21 OF 30  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. GARY L HONTS, JR.**

Mailing Address 78795 SAINT THOMAS DRIVE

City	State	Zip Code
BERMUDA DUNES	CA	92203-1723

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
John F Kennedy Memorial HospitalOccupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

864.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2016

**Transaction ID : A9FB3C9C663614F1B9A9**

Amount of Each Receipt this Period

288.00

☐ Memo Item

Payroll Deduction: \$96.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

**B. SALLY A HURT-DEITCH**

Mailing Address 712 WALTHAM CT

City	State	Zip Code
EL PASO	TX	79922-2128

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Providence Memorial CampusOccupation  
CEO, Market/Sys

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2016

**Transaction ID : AB29EF470A64642FABC1**

Amount of Each Receipt this Period

150.00

☐ Memo Item

Payroll Deduction: \$50.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

**C. KENT G CLAYTON**

Mailing Address 125 BRANCH

City	State	Zip Code
IRVINE	CA	92618-4266

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LOS ALAMITOS MEDICAL CENTEROccupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2016

**Transaction ID : A6CCA8265367D4AD3841**

Amount of Each Receipt this Period

114.00

☐ Memo Item

Payroll Deduction: \$38.00/Bi-Weekly

**SUBTOTAL** of Receipts This Page (optional)..... ►

552.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 22 OF 30

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. VICTOR JORDAN**

Mailing Address 314 VAILWOOD COURT

City

Bloomfield Hills

State

MI

Zip Code

48302-1573

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DMC-Harper University Hospital

Occupation

CFO, REGION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

04 / 30 / 2016

**Transaction ID : A613F27B583ED43A3B51**

Amount of Each Receipt this Period

117.00

☐ Memo Item

Payroll Deduction: \$39.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

**B. MANUEL LINARES**

Mailing Address 6801 SW 75TH AVE  
Apt 901

City

MIAMI

State

FL

Zip Code

33143-3693

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NORTH SHORE MEDICAL CENTER

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

04 / 30 / 2016

**Transaction ID : A4DFBE2330D7A4F96B59**

Amount of Each Receipt this Period

114.00

☐ Memo Item

Payroll Deduction: \$38.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

**C. CONRAD MALLET**

Mailing Address 19386 CUMBERLAND WAY

City

DETROIT

State

MI

Zip Code

48203-1456

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DMC-Harper University Hospital

Occupation

CAO - Detroit Market

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.23

Date of Receipt

04 / 30 / 2016

**Transaction ID : A20AE3EFC07984CF98EE**

Amount of Each Receipt this Period

115.41

☐ Memo Item

Payroll Deduction: \$38.47/Bi-Weekly

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

346.41

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A. JOSEPH MULLANY**

Mailing Address 2169 TOTTENHAM ROAD

City State Zip Code  
BLOOMFIELD HIL MI 48301-2332

FEC ID number of contributing federal political committee.

C

Name of Employer  
DMC-Harper University Hospital

Occupation  
CEO, Market

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

864.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2016

Transaction ID : A8201417D55094B35A7E

Amount of Each Receipt this Period

288.00

☐ Memo Item

Payroll Deduction: \$96.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

**B. ANDREI SORAN**

Mailing Address 3670 WOODWARD AVENUE

City State Zip Code  
DETROIT MI 48201-1420

FEC ID number of contributing federal political committee.

C

Name of Employer  
DMC-Harper University Hospital

Occupation  
Market COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 16 / 2016

Transaction ID : A61EAC2B901FD4F74A68

Amount of Each Receipt this Period

78.00

☐ Memo Item

Payroll Deduction: \$39.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

**C. DAWN CASTRO**

Mailing Address 15408 FOX MEADOW LANE

City State Zip Code  
FRISCO TX 75035-3671

FEC ID number of contributing federal political committee.

C

Name of Employer  
Tenet Patient Financial Services

Occupation  
VP, CLIENT DELIVERY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

271.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2016

Transaction ID : A9A07CA339C064FC2957

Amount of Each Receipt this Period

117.00

☐ Memo Item

Payroll Deduction: \$39.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►

483.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 24 OF 30

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. COREY L DAVISON**

Mailing Address 1224 BLAIRWOOD DR

City

FLOWER MOUND

State

TX

Zip Code

75028-3617

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tenet Healthcare

Occupation

VP, GOVERNMENT RELATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

408.00

Date of Receipt

04 / 30 / 2016

**Transaction ID : AA95B2BF87B804DB08AD**

Amount of Each Receipt this Period

96.00

☐ Memo Item

Payroll Deduction: \$96.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

## **B. DINA L DUNN**

Mailing Address 3717 CHERRY RIDGE DR

City

FRISCO

State

TX

Zip Code

75033-1328

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tenet Healthcare

Occupation

VP, HR Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

04 / 30 / 2016

**Transaction ID : A538995617FDD4DC884F**

Amount of Each Receipt this Period

75.00

☐ Memo Item

Payroll Deduction: \$25.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

## **C. EDWARD MESCO**

Mailing Address 7365 NW 54TH STREET

City

LAUDERHILL

State

FL

Zip Code

33319-6346

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tenet Florida Service Center

Occupation

Director, Reg Reimbursement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

04 / 30 / 2016

**Transaction ID : A6BCE1F9B32BA40F49E0**

Amount of Each Receipt this Period

75.00

☐ Memo Item

Payroll Deduction: \$25.00/Bi-Weekly

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

246.00

10142.82



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 25 OF 30

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Brown and Bigelow**

Mailing Address 17760 Preston Rd

City  
DallasState  
TXZip Code  
75252-5663Purpose of Disbursement  
PAC Supplies - Contributor Thank-You Gifts

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 20 / 2016
**Transaction ID : B08A8E4B284DC463B85C**

Amount of Each Disbursement this Period

1200.87

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1200.87

1200.87

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 26 OF 30

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Debbie Wasserman Schultz for Congress**

Mailing Address 1071 TWIN BRANCH LN

City Weston	State FL	Zip Code 33326-2828
----------------	-------------	------------------------

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Debbie Wasserman Schultz**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
----------------	--	--

State: FL District: 23

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		26		2016

**Transaction ID : BA89606218FFF487D8B9**

Amount of Each Disbursement this Period

2500.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. People For Patty Murray**

Mailing Address PO Box 3662

City Seattle	State WA	Zip Code 98124-3662
-----------------	-------------	------------------------

Purpose of Disbursement  
Political Contribution

Candidate Name

**Sen. Patty Murray**

Office Sought:	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
----------------	--	--

State: WA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		01		2016

**Transaction ID : BF8D5A26A55604551988**

Amount of Each Disbursement this Period

2000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. COMMITTEE TO RE-ELECT LINDA SANCHEZ**Mailing Address 410 1ST ST SE  
SUITE 310

City Washington	State DC	Zip Code 20003-1819
--------------------	-------------	------------------------

Purpose of Disbursement  
Political Contribution

Candidate Name

**Linda Sanchez**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
----------------	--	--

State: CA District: 38

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		25		2016

**Transaction ID : BF4CC31F01D41415CBB1**

Amount of Each Disbursement this Period

2500.00
---------

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7000.00
---------

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 27 OF 30

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. VERN BUCHANAN FOR CONGRESS**

Mailing Address P. O. BOX 48928

City	State	Zip Code
SARASOTA	FL	34230

Purpose of Disbursement  
Political Contribution

Candidate Name

**Vernon Buchanan**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: FL District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		01		2016

**Transaction ID : B6AC60BFF7DFC40BA840**

Amount of Each Disbursement this Period

2500.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. GREAT LAKES PAC**Mailing Address 700 13TH STREET NW  
SUITE 600

City	State	Zip Code
WASHINGTON	DC	20005

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District: Other

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		26		2016

**Transaction ID : B065BFD09B2E24CA8881**

Amount of Each Disbursement this Period

5000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00
---------

14500.00
----------

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 28 OF 30

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Bradley Sher**Mailing Address 1445 Ross Ave  
#1400

City Dallas State TX Zip Code 75202-2703

Purpose of Disbursement  
VOID of 4/8/15 Refund

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		13		2016

Transaction ID : B66C2EC446F78460094B

Amount of Each Disbursement this Period

-70.00
--------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Martin Siglin**Mailing Address 1445 Ross Ave  
#1400

City Dallas State TX Zip Code 75202-2703

Purpose of Disbursement  
VOID of 4/8/15 Refund

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		13		2016

Transaction ID : B557030530F3C46C4B9B

Amount of Each Disbursement this Period

-95.00
--------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Joseph Francis**Mailing Address 1445 Ross Ave  
#1400

City Dallas State TX Zip Code 75202-2703

Purpose of Disbursement  
VOID of 4/8/15 Refund

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		13		2016

Transaction ID : B059E2E78B9F84806A24

Amount of Each Disbursement this Period

-63.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

-228.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 30 OF 30

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Jose Rodriguez Campaign**

Mailing Address 1809 Georgia Pl

City	State	Zip Code
El Paso	TX	79902-2815

Purpose of Disbursement  
VOID of 8/19/15 Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	13	/	2016

**Transaction ID : BBF8C6E40FFE54D66B30**

Amount of Each Disbursement this Period

-500.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Caesar Blanco Campaign**

Mailing Address P.O. Box 27074

City	State	Zip Code
El Paso	TX	79926-7074

Purpose of Disbursement  
VOID of 8/19/15 Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	13	/	2016

**Transaction ID : B30139E21327742D488A**

Amount of Each Disbursement this Period

-250.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

-750.00
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-750.00
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